

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEXAS SPINE AND JOINT HOSPITAL PAC

ADDRESS (number and street) ▼

1814 ROSELAND BLVD

☐ Check if different than previously reported. (ACC)

TYLER

TX

75701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00437525

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2016

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer ANTHONY WAHL

Signature of Treasurer

ANTHONY WAHL

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 15 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS SPINE AND JOINT HOSPITAL PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		<span style="border: 1px solid black; padding: 2px;">69865.94</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">69865.94</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">18052.00</span>	<span style="border: 1px solid black; padding: 2px;">18052.00</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">87917.94</span>	<span style="border: 1px solid black; padding: 2px;">87917.94</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">21000.00</span>	<span style="border: 1px solid black; padding: 2px;">21000.00</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">66917.94</span>	<span style="border: 1px solid black; padding: 2px;">66917.94</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y
01	/	01	/	2016

To:

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2016

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

13753.00

13753.00

(ii) Unitemized .....

4299.00

4299.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

18052.00

18052.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

18052.00

18052.00

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18052.00

18052.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

18052.00

18052.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	21000.00	21000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	21000.00	21000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	18052.00	18052.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18052.00	18052.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.6537

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TIMOTHY BECK**

Mailing Address 9132 CHEROKEE TRAIL

City

TYLER

State

TX

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11AI.6569

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TROY CALLENDER**

Mailing Address 3413 GOLDEN ROAD

City

TYLER

State

TX

Zip Code

75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.6540

Amount of Each Receipt this Period

111.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

311.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. TROY CALLENDER**

Mailing Address 3413 GOLDEN ROAD

City	State	Zip Code
TYLER	TX	75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

407.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6572

Amount of Each Receipt this Period

111.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AARON CALODNEY**

Mailing Address 17909 CR 132

City	State	Zip Code
FLINT	TX	75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.6486

Amount of Each Receipt this Period

294.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AARON CALODNEY**

Mailing Address 17909 CR 132

City	State	Zip Code
FLINT	TX	75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6517

Amount of Each Receipt this Period

294.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

699.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. AARON CALODNEY**

Mailing Address 17909 CR 132

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6547

Amount of Each Receipt this Period

294.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

357.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

Transaction ID : SA11AI.6505

Amount of Each Receipt this Period

214.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

571.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6535

Amount of Each Receipt this Period

214.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

722.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN CAMP**

Mailing Address 606 CUMBERLAND ROAD

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

785.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6567

Amount of Each Receipt this Period

214.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

Transaction ID : SA11AI.6487

Amount of Each Receipt this Period

298.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

795.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6518

Amount of Each Receipt this Period

298.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

810.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. STUART CRUTCHFIELD**

Mailing Address 2066 CANBERRA COURT

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1093.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.6548**

Amount of Each Receipt this Period

298.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GUY DANIELSON**

Mailing Address 16950 FM 2661

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11AI.6519**

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GUY DANIELSON**

Mailing Address 16950 FM 2661

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.6549**

Amount of Each Receipt this Period

83.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

464.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

452.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		03		2016

Transaction ID : SA11AI.6489

Amount of Each Receipt this Period

271.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

723.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2016

Transaction ID : SA11AI.6520

Amount of Each Receipt this Period

271.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ROBERT DENNIS**

Mailing Address 1008 WILDER WOOD

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

994.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2016

Transaction ID : SA11AI.6550

Amount of Each Receipt this Period

271.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

813.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 30

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2016

Transaction ID : SA11AI.6490

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 14 2016

Transaction ID : SA11AI.6521

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. PAUL DETWEILER**

Mailing Address 3635 CANYON CREEK CIRCLE

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2016

Transaction ID : SA11AI.6551

Amount of Each Receipt this Period

225.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

A. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6536

Amount of Each Receipt this Period

106.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KIM FOREMAN

Mailing Address 107 BELMEAD LANE

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

388.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6568

Amount of Each Receipt this Period

106.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HOWARD GARB

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

272.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6541

Amount of Each Receipt this Period

102.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

314.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. HOWARD GARB**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2016

Transaction ID : SA11AI.6573

Amount of Each Receipt this Period

102.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

478.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2016

Transaction ID : SA11AI.6491

Amount of Each Receipt this Period

287.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 14 2016

Transaction ID : SA11AI.6522

Amount of Each Receipt this Period

287.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

676.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. GARY GOODFRIED**

Mailing Address 19140 FALLS CREEK

City State Zip Code  
 FLINT TX 75762

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1052.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6552

Amount of Each Receipt this Period

287.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code  
 TYLER TN 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 14 / 2016

Transaction ID : SA11AI.6463

Amount of Each Receipt this Period

203.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City State Zip Code  
 TYLER TN 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

507.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

Transaction ID : SA11AI.6492

Amount of Each Receipt this Period

304.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

794.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 30

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

811.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6523

Amount of Each Receipt this Period

304.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHARLES GORDON**

Mailing Address 7302 HOLLYTREE DRIVE

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1115.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6553

Amount of Each Receipt this Period

304.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City

TYLER

State

TN

Zip Code

75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.6493

Amount of Each Receipt this Period

294.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

902.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City  
TYLER

State  
TN

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

784.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.6524

Amount of Each Receipt this Period

294.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THOMAS GRAHAM**

Mailing Address 533 WILDER WAY

City  
TYLER

State  
TN

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1078.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2016

Transaction ID : SA11AI.6554

Amount of Each Receipt this Period

294.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DUANE GRIFFITH**

Mailing Address 7113 TURNBERRY CIRCLE

City  
TYLER

State  
TX

Zip Code  
75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2016

Transaction ID : SA11AI.6544

Amount of Each Receipt this Period

87.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

675.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. DUANE GRIFFITH**

Mailing Address 7113 TURNBERRY CIRCLE

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6545

Amount of Each Receipt this Period

87.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6525

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMES HARRIS**

Mailing Address 9243 CHISHOLM TRAIL

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6555

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

287.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. STEUART HEATON**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
 TYLERT TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6539

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. STEUART HEATON**

Mailing Address 3413 GOLDEN ROAD

City State Zip Code  
 TYLERT TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6571

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. JEFF HUNTER**

Mailing Address 3415 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6542

Amount of Each Receipt this Period

81.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

247.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. JEFF HUNTER**

Mailing Address 3415 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.6543**

Amount of Each Receipt this Period

81.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

**Transaction ID : SA11AI.6538**

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MATT JONES**

Mailing Address 3414 GOLDEN ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

**Transaction ID : SA11AI.6570**

Amount of Each Receipt this Period

83.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

247.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

493.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.6495

Amount of Each Receipt this Period

296.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6526

Amount of Each Receipt this Period

296.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JAMES MICHAELS**

Mailing Address 2013 HOLLY CREEK DR.

City	State	Zip Code
TYLER	TX	75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1085.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6557

Amount of Each Receipt this Period

296.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

888.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JOHN PRIDDY**

Mailing Address 17950 TIMOTHY CT.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 03 2016

**Transaction ID : SA11AI.6504**

Amount of Each Receipt this Period

144.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JOHN PRIDDY**

Mailing Address 17950 TIMOTHY CT.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 14 2016

**Transaction ID : SA11AI.6534**

Amount of Each Receipt this Period

144.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JOHN PRIDDY**

Mailing Address 17950 TIMOTHY CT.

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

528.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 31 2016

**Transaction ID : SA11AI.6566**

Amount of Each Receipt this Period

144.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

432.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 30

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. TODD RAABE**

Mailing Address 16987 FM 756

City	State	Zip Code
WHITEHOUSE	TX	75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2016

Transaction ID : SA11AI.6467

Amount of Each Receipt this Period

251.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TODD RAABE**

Mailing Address 16987 FM 756

City	State	Zip Code
WHITEHOUSE	TX	75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

627.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.6496

Amount of Each Receipt this Period

376.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TODD RAABE**

Mailing Address 16987 FM 756

City	State	Zip Code
WHITEHOUSE	TX	75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1003.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6527

Amount of Each Receipt this Period

376.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

1003.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 30  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. TODD RAABE**

Mailing Address 16987 FM 756

City	State	Zip Code
WHITEHOUSE	TX	75791

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1379.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : SA11AI.6558

Amount of Each Receipt this Period

376.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City	State	Zip Code
TYLER	TX	75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

395.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2016

Transaction ID : SA11AI.6497

Amount of Each Receipt this Period

237.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City	State	Zip Code
TYLER	TX	75701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

632.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2016

Transaction ID : SA11AI.6528

Amount of Each Receipt this Period

237.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

## **A. MARK RENFRO**

Mailing Address 2737 OLD BULLARD ROAD

City State Zip Code  
 TYLER TX 75701

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

869.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6559

Amount of Each Receipt this Period

237.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

Transaction ID : SA11AI.6498

Amount of Each Receipt this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

747.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6529

Amount of Each Receipt this Period

280.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

797.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. MICHAEL RUSSELL**

Mailing Address 5930 BRIKWORTH

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1027.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6560

Amount of Each Receipt this Period

280.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WILLIAM SCHREIBER**

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code  
 TYLER TN 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6531

Amount of Each Receipt this Period

83.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILLIAM SCHREIBER**

Mailing Address 6407 HOLLYTREE CIRCLE

City State Zip Code  
 TYLER TN 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6563

Amount of Each Receipt this Period

83.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

446.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 30

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. JERRY SCHWARZBACH**

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6532

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JERRY SCHWARZBACH**

Mailing Address 8304 COLUMBIA DRIVE

City State Zip Code  
 TYLER TX 75703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6564

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

334.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2016

Transaction ID : SA11AI.6503

Amount of Each Receipt this Period

167.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

367.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 30  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**TEXAS SPINE AND JOINT HOSPITAL PAC**

Full Name (Last, First, Middle Initial)

**A. CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 14 / 2016

Transaction ID : SA11AI.6533

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CLAIRE TIBILETTI**

Mailing Address 16690 DRIFTWOOD

City State Zip Code  
 TYLER TX 75707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

668.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2016

Transaction ID : SA11AI.6565

Amount of Each Receipt this Period

167.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

334.00

13753.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

TEXAS SPINE AND JOINT HOSPITAL PAC

### A. NRSC - NONFEDERAL

Category/  
Type

15000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KS	District:		

## B. PHA, PAC

Category/  
Type

5000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

**C.**

Category/  
Type

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

20000.00

20000.00

	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

TEXAS SPINE AND JOINT HOSPITAL PAC

### A. CHRIS GREEN CAMPAIGN

Date of Disbursement

Transaction ID : SB29.6454

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

1000.00

 Memo Item

**B.**

Date of Disbursement

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

A diagram of a rectangular frame structure. The frame consists of four vertical members and four horizontal members. The joints are labeled as follows: 1 is at the top-left corner, 2 is at the top-right corner, 3 is at the bottom-right corner, and 4 is at the bottom-left corner.

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

 Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....